

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Dental Political Action Committee

ADDRESS (number and street)

1111 14th Street, NW

Suite 1100

☐ Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00000729

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report(Q1)
- ☐ July 15
Quarterly Report(Q2)
- ☐ October 15
Quarterly Report(Q3)
- ☐ January 31
Quarterly Report(YE)
- ☐ July 31 Mid-Year
Report(Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☒ Dec 20 (M12)
(Non-Election
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

in the
State of

5. Covering Period

11

01

2007

through

11

30

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Dr Roger Triftshauser

Signature of Treasurer

Electronically Filed by Dr Roger Triftshauser

Date

01

03

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American Dental Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	1	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	1	3	0	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		406004.72
(b) Cash on Hand at Beginning of Reporting Period	560097.46	
(c) Total Receipts (from Line 19)	27262.99	1111202.31
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	587360.45	1517207.03
7. Total Disbursements (from Line 31)	74341.52	1004188.10
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	513018.93	513018.93
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Dental Political Action Committee

Report Covering the Period:

From:

M M
1 1D D
0 1Y Y Y Y
2 0 0 7

To:

M M
1 1D D
3 0Y Y Y Y
2 0 0 7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	500.00	180165.00
(i) Itemized (use Schedule A)	23805.90	593064.64
(ii) Unitemized	24305.90	773229.64
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	24305.90	773229.64
12. Transfers From Affiliated/Other Party Committees	270.00	327479.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	2500.00	8500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	187.09	1993.67
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	27262.99	1111202.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	27262.99	1111202.31

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1041.52	8207.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	1041.52	8207.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	73300.00	992213.20
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	500.00
29. Other Disbursements.....	0.00	3267.49
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	74341.52	1004188.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	74341.52	1004188.10

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	24305.90	773229.64
34. Total Contribution Refunds (from Line 28(d))	0.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24305.90	772729.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1041.52	8207.41
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1041.52	8207.41

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 25

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Tennessee Dental PAC

Mailing Address PO Box 120188
2104 Sunset Place

City State Zip Code
Nashville TN 37212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25146.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 4941309

Amount of Each Receipt this Period

70.00

B.

Full Name (Last, First, Middle Initial)

New York State Dental PAC

Mailing Address 20 Corporate Woods Blvd., #602
4th Floor

City State Zip Code
Albany NY 12211

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

132990.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: 4953007

Amount of Each Receipt this Period

160.00

C.

Full Name (Last, First, Middle Initial)

Florida Dental PAC

Mailing Address 1111 E. Tennessee Street
Suite 102

City State Zip Code
Tallahassee FL 32308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

54240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: 4968346

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

270.00

TOTAL This Period (last page this line number only)

270.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 25

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Committee For Pete V. Domenici

Mailing Address PO Box 93656

City

Albuquerque

State

NM

Zip Code

87199

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	0	7

Transaction ID: 4941322

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

2500.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Frank T Sindoni

Mailing Address 5 Woodbine Ct

City

Orchard Park

State

NY

Zip Code

14127-3770

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employedOccupation
dentist

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	7

Transaction ID: 4946954

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Citibank 1

Mailing Address 1500 Vermont Ave Nw

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1993.67

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: 4969334

Amount of Each Receipt this Period

187.09

SUBTOTAL of Receipts This Page (optional)

187.09

TOTAL This Period (last page this line number only)

187.09

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Citibank 1

Mailing Address 1500 Vermont Ave Nw

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 4969333

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1041.52

SUBTOTAL of Disbursements This Page (optional)

1041.52

TOTAL This Period (last page this line number only)

1041.52

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A. Full Name (Last, First, Middle Initial)
Spratt For Congress Committee

Mailing Address PO Box 830

City York State SC Zip Code 29745

Purpose of Disbursement
Judy Sherman attended event/check sent to campaign

Candidate Name
Rep. John M. Spratt, Jr.

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: ☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 05

Transaction ID: 4539722

Date of Disbursement

11 / 01 / 2007

Amount of Each Disbursement this Period

1000.00

Judy Sherman attended event/check sent to campaign

B. Full Name (Last, First, Middle Initial)
Adam Putnam For Congress

Mailing Address PO Box 2426

City Bartow State FL Zip Code 33831

Purpose of Disbursement
check sent to Dr. Joe Diaz

Candidate Name
Adam Putnam

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: ☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 12

Transaction ID: 4539723

Date of Disbursement

11 / 01 / 2007

Amount of Each Disbursement this Period

2500.00

check sent to Dr. Joe Diaz

C. Full Name (Last, First, Middle Initial)
Phil English for Congress

Mailing Address PO Box 1940

City Erie State PA Zip Code 16507

Purpose of Disbursement
check sent to Dr. Andrew Kwasny

Candidate Name
Phil English

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: ☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 03

Transaction ID: 4539793

Date of Disbursement

11 / 01 / 2007

Amount of Each Disbursement this Period

2000.00

check sent to Dr. Andrew Kwasny

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Pat Roberts For Senate

Mailing Address PO Box 433

City
Great Bend

State
KS

Zip Code
67530

Purpose of Disbursement
Mike Graham attended event/check sent to campaign

Candidate Name
Sen. Pat Roberts

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 02

Transaction ID: 4539721

Date of Disbursement

11 / 01 / 2007

Amount of Each Disbursement this Period

1000.00

Mike Graham attended even-
t/check sent to campaign

B.

Full Name (Last, First, Middle Initial)

Red Rooster Leadership PAC

Mailing Address c/o Huckaby, Davis, Lisker
228 S Washington St., Ste 115

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement
check sent to Dr. Tom Field

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Transaction ID: 4539724

Date of Disbursement

11 / 01 / 2007

Amount of Each Disbursement this Period

2500.00

check sent to Dr. Tom Field

C.

Full Name (Last, First, Middle Initial)

Souder for Congress, Inc.

Mailing Address PO Box 400

City
Grabill

State
IN

Zip Code
46741

Purpose of Disbursement
Mike Graham attended event/check sent to campaign

Candidate Name
Mark Souder

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 03

Transaction ID: 4540636

Date of Disbursement

11 / 05 / 2007

Amount of Each Disbursement this Period

2000.00

Mike Graham attended even-
t/check sent to campaign

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A. Full Name (Last, First, Middle Initial)
Texans For Henry Cuellar Congressional Campaign

Mailing Address 1519 Washington Street
2nd Floor Suite 200

City Laredo State TX Zip Code 78042

Purpose of Disbursement
Mike Graham attended event/check sent to campaign

Candidate Name
Rep. Henry Cuellar

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 28

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 4540638

Date of Disbursement

11 / 05 / 2007

Amount of Each Disbursement this Period

1000.00

Mike Graham attended event/
t/check sent to campaign

B. Full Name (Last, First, Middle Initial)
Sestak for Congress

Mailing Address PO Box 16

City Media State PA Zip Code 19063

Purpose of Disbursement
Mike Graham attended event/check sent to campaign

Candidate Name
Joseph Sestak

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 07

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 4540637

Date of Disbursement

11 / 05 / 2007

Amount of Each Disbursement this Period

1000.00

Mike Graham attended event/
t/check sent to campaign

C. Full Name (Last, First, Middle Initial)
Michael Burgess For Congress

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement
Sent to Dr. Findley

Candidate Name
Rep. Michael C. Burgess, M.D.

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 26

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 4553456

Date of Disbursement

11 / 07 / 2007

Amount of Each Disbursement this Period

2300.00

Sent to Dr. Findley

SUBTOTAL of Disbursements This Page (optional)

4300.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Capps For Congress

Mailing Address 1707 Longworth House Office Buildi

City Washington State DC Zip Code 20515

Purpose of Disbursement
JP Paluskiewicz attended event/check sent to campaignCandidate Name
Lois Capps011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 23

Transaction ID: 4687129

Date of Disbursement

11 / 08 / 2007

Amount of Each Disbursement this Period

1000.00

JP Paluskiewicz attended
event/check sent to campa-
ign**B.**

Full Name (Last, First, Middle Initial)

John Lewis For Congress

Mailing Address 2015 Wallace Rd.

City Atlanta State GA Zip Code 30331

Purpose of Disbursement
Mike Graham attended event/check sent to campaignCandidate Name
Rep. John Lewis011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 05

Transaction ID: 4687452

Date of Disbursement

11 / 08 / 2007

Amount of Each Disbursement this Period

1000.00

Mike Graham attended even-
t/check sent to campaign**C.**

Full Name (Last, First, Middle Initial)

CAMPAC

Mailing Address

City Midland State MI Zip Code 48640

Purpose of Disbursement
check sent directly to PAC

Candidate Name

011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Transaction ID: 4687737

Date of Disbursement

11 / 08 / 2007

Amount of Each Disbursement this Period

2000.00

check sent directly to PAC

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Walden for Congress

Mailing Address PO Box 1091

City
Hood River

State
OR

Zip Code
97031

Purpose of Disbursement
check sent to Dr. Bruce Burton

Candidate Name
Greg Walden

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 02

Transaction ID: 4771755

Date of Disbursement

11 / 09 / 2007

Amount of Each Disbursement this Period

2500.00

check sent to Dr. Bruce
Burton

B.

Full Name (Last, First, Middle Initial)

Walden for Congress

Mailing Address PO Box 1091

City
Hood River

State
OR

Zip Code
97031

Purpose of Disbursement
check sent to Dr. Bruce Burton

Candidate Name
Greg Walden

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2007
☐ Primary ☒ General
☐ Other (specify) ▼

State: OR District: 02

2008 US General

Transaction ID: 4771916

Date of Disbursement

11 / 09 / 2007

Amount of Each Disbursement this Period

1500.00

check sent to Dr. Bruce
Burton

C.

Full Name (Last, First, Middle Initial)

Jay Love for Congress

Mailing Address PO Box 3221

City
Montgomery

State
AL

Zip Code
36109

Purpose of Disbursement
check sent to Wayne McMahan, AL Dental Association

Candidate Name
Jay Love

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District: 02

Transaction ID: 4771418

Date of Disbursement

11 / 09 / 2007

Amount of Each Disbursement this Period

1000.00

check sent to Wayne McMahan,
AL Dental Association

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Perlmutter for Congress</p> <p>Mailing Address 3440 Youngfield St #264</p> <p>City Wheat Ridge State CO Zip Code 80033</p> <p>Purpose of Disbursement check sent to Gary Cummins, CO Dental Association</p> <p>Candidate Name Edwin Perlmutter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CO District: 07</p>	<p>Transaction ID: 4941340</p> <p>Date of Disbursement 11 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>check sent to Gary Cummins, CO Dental Association</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Heather Wilson For Congress</p> <p>Mailing Address P.O. Box 14070</p> <p>City Albuquerque State NM Zip Code 87191</p> <p>Purpose of Disbursement check sent to Mark Moores, NM Dental Association</p> <p>Candidate Name Rep. Heather A. Wilson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NM District: 01</p>	<p>Transaction ID: 4941341</p> <p>Date of Disbursement 11 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>check sent to Mark Moores, NM Dental Association</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Wynn For Congress</p> <p>Mailing Address P.O. Box 39139</p> <p>City Washington State DC Zip Code 20016</p> <p>Purpose of Disbursement check sent to Frank McLaughlin, MD State Dental Association</p> <p>Candidate Name Rep. Albert Russell Wynn</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MD District: 04</p>	<p>Transaction ID: 4941342</p> <p>Date of Disbursement 11 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>check sent to Frank McLaughlin, MD State Dental Association</p>

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Simpson For Congress

Mailing Address 1487 Parkway Drive

City State Zip Code
Blackfoot ID 83221Purpose of Disbursement
check sent to Dr. Glade L. PetersonCandidate Name
Rep. Michael K. SimpsonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2007
☐ Primary ☒ General
☐ Other (specify) ▼

State: ID District: 02

2008 US General

Transaction ID: 4941343

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	7	

Amount of Each Disbursement this Period

2500.00

check sent to Dr. Glade
L. Peterson**B.**

Full Name (Last, First, Middle Initial)

McCaskill for Missouri

Mailing Address PO Box 6771

City State Zip Code
St Louis MO 63144Purpose of Disbursement
check sent to Dr. Robert ButlerCandidate Name
Claire McCaskillOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 00

Transaction ID: 4941339

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	7	

Amount of Each Disbursement this Period

2000.00

check sent to Dr. Robert
Butler**C.**

Full Name (Last, First, Middle Initial)

Coleman For Senate 08

Mailing Address 7300 Hudson Blvd Suite 270a

City State Zip Code
St Paul MN 55128Purpose of Disbursement
check sent to Dr. John NeiCandidate Name
Sen. Norm ColemanOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2007
☐ Primary ☒ General
☐ Other (specify) ▼

State: MN District: 01

2008 US General

Transaction ID: 4941337

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	7	

Amount of Each Disbursement this Period

4000.00

check sent to Dr. John Nei

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Culberson For Congress

Mailing Address P.O. Box 41964

City
HoustonState
TXZip Code
77241Purpose of Disbursement
check sent to Dr. Tommy HarrisonCandidate Name
Rep. John Abney CulbersonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 07

Transaction ID: 4952983

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	0	7

Amount of Each Disbursement this Period

1000.00

check sent to Dr. Tommy Harrison

B.

Full Name (Last, First, Middle Initial)

Ehlers For Congress

Mailing Address PO Box 3340

City
Grand RapidsState
MIZip Code
49501Purpose of Disbursement
Jennifer Fisher attended event/check sent to campaignCandidate Name
Vernon EhlersOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 03

Transaction ID: 4952964

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	0	7

Amount of Each Disbursement this Period

1000.00

Jennifer Fisher attended event/check sent to campaign

C.

Full Name (Last, First, Middle Initial)

Pete King For Congress Comm.

Mailing Address PO Box 1428

City
SeafordState
NYZip Code
11783Purpose of Disbursement
check sent to Dr. Robert PeskinCandidate Name
Peter KingOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 03

Transaction ID: 4952982

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	0	7

Amount of Each Disbursement this Period

1000.00

check sent to Dr. Robert Peskin

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mike Ross For Congress Committee

Mailing Address PO Box 360

City
PrescottState
ARZip Code
71857Purpose of Disbursement
check sent to Dr. F.T. McDonaldCandidate Name
Rep. Michael A. RossOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District: 04

Transaction ID: 4952978

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	0	7

Amount of Each Disbursement this Period

2500.00

check sent to Dr. F.T. Mc-Donald

B.

Full Name (Last, First, Middle Initial)

Hooley For Congress

Mailing Address PO Box 2050

City
SalemState
ORZip Code
97308Purpose of Disbursement
JP Paluskiewicz attended event/check sent to campaignCandidate Name
Rep. Darlene HooleyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 05

Transaction ID: 4952965

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	0	7

Amount of Each Disbursement this Period

1500.00

JP Paluskiewicz attended event/check sent to campaign

C.

Full Name (Last, First, Middle Initial)

Steve Rothman For New Jersey Inc.

Mailing Address P.O. Box 714

City
HackensackState
NJZip Code
07602Purpose of Disbursement
check sent to James Schulz, New Jersey Dental AssociationCandidate Name
Rep. Steven R. RothmanOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 09

Transaction ID: 4952993

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	0	7

Amount of Each Disbursement this Period

1000.00

check sent to James Schulz, New Jersey Dental Association

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dave Wu For Us Congress

Mailing Address 818 Sw Third Ave. #1182

City State Zip Code
Portland OR 97204

Purpose of Disbursement
Dr. Fred Bremner attended event/check sent to campaign

Candidate Name
Rep. David Wu

Office Sought: ☒ House
☐ Senate
☐ President

State: OR District: 01

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 4952962

Date of Disbursement

11 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Dr. Fred Bremner attended event/check sent to campaign

B.

Full Name (Last, First, Middle Initial)

Mike Honda For Congress

Mailing Address 50 W. San Fernando St Ste 350

City State Zip Code
San Jose CA 95113

Purpose of Disbursement
Judy Sherman attended event/check sent to campaign

Candidate Name
Rep. Michael M. Honda

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 15

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 4952963

Date of Disbursement

11 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Judy Sherman attended event/check sent to campaign

C.

Full Name (Last, First, Middle Initial)

Latta For Congress Committee

Mailing Address 300 North Main Street

City State Zip Code
Bowling Green OH 43402

Purpose of Disbursement
check sent to David Owsiany, Ohio Dental Association

Candidate Name
Mr. Robert Latta

Office Sought: ☒ House
☐ Senate
☐ President

State: OH District: 05

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 4952991

Date of Disbursement

11 / 19 / 2007

Amount of Each Disbursement this Period

3000.00

check sent to David Owsiany, Ohio Dental Association

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A. Full Name (Last, First, Middle Initial)
Latta For Congress Committee

Mailing Address 300 North Main Street

City Bowling Green State OH Zip Code 43402

Purpose of Disbursement
check sent to David Owsiany, Ohio Dental Association

Candidate Name
Mr. Robert Latta

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼

State: OH District: 05

Transaction ID: 4952992

Date of Disbursement

11 / 19 / 2007

Amount of Each Disbursement this Period

2000.00

check sent to David Owsia-
ny, Ohio Dental Associati-
on

B. Full Name (Last, First, Middle Initial)
Rob Wittman for Congress

Mailing Address 14877 Kings Highway
PO Box 999

City Montross State VA Zip Code 22520

Purpose of Disbursement
check sent to Dr. Terry Dickinson

Candidate Name
Rob Wittman

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: 2008 ☒ Primary ☐ General ☐ Other (specify) ▼

State: VA District: 01

Transaction ID: 4952987

Date of Disbursement

11 / 19 / 2007

Amount of Each Disbursement this Period

5000.00

check sent to Dr. Terry
Dickinson

C. Full Name (Last, First, Middle Initial)
Friends Of Mark Warner

Mailing Address 201 North Union Suite 350

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
check sent to Dr. Terry Dickinson

Candidate Name
Mr. Mark Warner

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
 Disbursement For: 2008 ☒ Primary ☐ General ☐ Other (specify) ▼

State: VA District: 02

Transaction ID: 4952988

Date of Disbursement

11 / 19 / 2007

Amount of Each Disbursement this Period

5000.00

check sent to Dr. Terry
Dickinson

SUBTOTAL of Disbursements This Page (optional)

12000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Doyle for Congress

Mailing Address 2227 Hampton Street

City
Pittsburgh

State
PA

Zip Code
15218

Purpose of Disbursement
check sent to Dr. Edmund Effort

Candidate Name
Michael Doyle

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 14

Transaction ID: 4953005

Date of Disbursement

11 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

check sent to Dr. Edmund Effort

B.

Full Name (Last, First, Middle Initial)

John Larson For Congress

Mailing Address 29 Ruff Circle

City
Glastonbury

State
CT

Zip Code
06033

Purpose of Disbursement
check sent to Dr. William MacDonnell

Candidate Name
John Larson

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 01

Transaction ID: 4958012

Date of Disbursement

11 / 28 / 2007

Amount of Each Disbursement this Period

2500.00

check sent to Dr. William MacDonnell

C.

Full Name (Last, First, Middle Initial)

Chambliss For Senate

Mailing Address Post Office Box 12469

City
Atlanta

State
GA

Zip Code
30355

Purpose of Disbursement
check sent to Dr. Richard Weinman

Candidate Name
Saxby Chambliss

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 01

Transaction ID: 4958015

Date of Disbursement

11 / 28 / 2007

Amount of Each Disbursement this Period

500.00

check sent to Dr. Richard Weinman

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Chambliss For Senate

Mailing Address Post Office Box 12469

City Atlanta State GA Zip Code 30355

Purpose of Disbursement
check sent to Dr. Richard WeinmanCandidate Name
Saxby Chambliss011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
State: GA District: 01
Disbursement For: 2007
☐ Primary ☒ General
☐ Other (specify) ▼
2008 US General

Transaction ID: 4958016

Date of Disbursement

11 / 28 / 2007

Amount of Each Disbursement this Period

500.00

check sent to Dr. Richard
Weinman**B.**

Full Name (Last, First, Middle Initial)

Committee To Elect Chris Murphy

Mailing Address P.O. Box 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement
check sent to Jim Williams, Connecticut State Dental AssociationCandidate Name
Rep. Christopher S. Murphy011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
State: CT District: 05
Disbursement For: 2007
☐ Primary ☒ General
☐ Other (specify) ▼
2008 US General

Transaction ID: 4958013

Date of Disbursement

11 / 28 / 2007

Amount of Each Disbursement this Period

1500.00

check sent to Jim William-
s, Connecticut State Dent-
al Association**C.**

Full Name (Last, First, Middle Initial)

Stivers for Congress

Mailing Address 81 S. Fifth Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
check sent to Dr. Dennis BurnsCandidate Name
Steve Stivers011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
State: OH District: 15
Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 4958014

Date of Disbursement

11 / 28 / 2007

Amount of Each Disbursement this Period

2500.00

check sent to Dr. Dennis
Burns

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Friends of Jay Rockefeller

Mailing Address PO Box 1909

City
Charleston

State
WV

Zip Code
25327

Purpose of Disbursement
check sent to campaign

Candidate Name
John Rockefeller

Office Sought: ☐ House
☒ Senate
☐ President

State: WV District: 02

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 4958288

Date of Disbursement

MM / DD / YYYY
11 / 29 / 2007

Amount of Each Disbursement this Period

2000.00

check sent to campaign

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

73300.00

Image# 28930011688

Form/Schedule: **F3XA**

An amendment (#1) is being filed to reflect a correction to the monthly and year to date receipts on the summary page and the detailed summary page, as well as schedule A. The amount of \$3,015.92 has been deleted.

Transaction ID:
